

11-05-03

AF/ 1615

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PTO/SB/21 (05-03)

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			Application Number	10/004,286							
	TD 4410141TT 41		Filing Date	November 14, 2001							
	TRANSMITTAL	-	First Named Inventor	MCDONALD, DONALD M.							
	FORM	•	Group Art Unit	1615							
	(to be used for all correspondence after ini	tial filing)	Examiner Name	KISHORE, GOLLAMUNDI S.							
Total Number of Pages in This Submission			Attorney Docket Number	UCSF-077CON2							
	ENCLOSURES (check all that apply)										
	Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assign (for an Drawir Licens Petition Provisi Power Chang Addres Termir Reque	ament Papers Application) ag(s) ing-related Papers n n to Convert to a ional Application of Attorney, Revocation e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): 1) Return Postcard RECEIVED							
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT TECH CENTER 1600/2900										
Signing Attorney/Agent (Reg. No.) PAULA A. BORDEN, 42,344 BOZICEVIC, FIELD & FRANCIS LLP											
Signature auch 8											
Date November 3, 2003											

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FEE TRANSMITTAL		Complete if Known					
I EE INANSIMITIAL	Α	Application Number			10/004,286		
for FY 2004	E	Filing Date			November 14, 2001		
101112007	F	First Named Inventor			MCDONALD, DONALD M.		
Effective 10/01/2003. Patent fees are subject to annual revision.	E	Examiner Name			KISHORE, GOLLAMUNDI S.		
☑ Applicant claims small entity status. See 37 CFR 1.27	^	Art Unit			KISHORE, GOLLAMUNDI S. 1615 RECEIVE		
TOTAL AMOUNT OF PAYMENT (\$) 55.00	Α	Attorney Docket No. UCSF-077CON2 FEE CALCULATION (continued) NOV 1 2					
METHOD OF PAYMENT (check all that apply)				FEE	CALCULATION (continued) NOV	12 00	
☐ Check ☐ Credit Card ☐ Money ☐ Other ☐ None Order	3. A	DDITIO	ONAL	FEES	TECH C	NITER 16	
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Number	Fee	Fee	Fee	Fee		Fee Paid	
Deposit Account Bozicevic, Field & Francis LLP Name	Code 1051		Code 2051	(\$)	Fee Description urcharge – late filing fee or oath		
The Director is authorized to: (check all that apply) ☑ Charge fee(s) indicated below ☑ Credit any overpayments	1052	50	2052	25 Su	urcharge – late provisional filing fee or over sheet		
☐ Charge any additional fee(s) during the pendency of this application.	1053	130	1053		on-English specification		
Charge any additional fee(s) during the pendency of this application.	1812	2,520	1812		or filing a request for ex parte reexamination		
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1804	920*	1804		equesting publication of SIR prior to camination action		
FEE CALCULATION	1805	1,840	1805		equesting publication of SIR after		
1. BASIC FILING FEE	1254	440	2254		caminer action	55.00	
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid	1251 1252	110 420	2251 2252		dension for reply within first month dension for reply within second month	33.00	
Code (\$) Code (\$)	1253	950	2253		dension for reply within third month		
1001 770 2001 385 Utility filing fee	1254	1,480	2254		dension for reply within fourth month		
1002 340 2002 170 Design filing fee	1255	2,010	2255		dension for reply within fifth month		
1004 770 2004 385 Reissue filing fee	1401	330	2401	165 No	otice of Appeal		
1005 160 2005 80 Provisional filing fee	1402	330	2402	165 Fil	ling a brief in support of an appeal		
	1403	290	2403	145 Re	equest for oral hearing		
SUBTOTAL (1)	1451	1,510	1451	1,510 Pe	etition to institute a public use proceeding		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1452	110	2452		etition to revive – unavoidable		
Fee from	1453	1,330	2453		etition to revive – unintentional		
Extra Claims below Fee Paid Total Claims -20** = x =	1501	1,330	2501		ility issue fee (or reissue)		
	1502	480 640	2502 2503		esign issue fee		
Indep3** = x = Claims	1503 1406	130	1460		ant issue fee etitions to the Commissioner		
Multiple Dependent =	1807	50	1807		ocessing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806		ubmission of Information Disclosure Stmt		
Code (\$) Code (\$)	8021	40	8021	40 Re	ecording each patent assignment per		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	•	operty (times number of properties) ling a submission after final rejection		
1203 290 2203 145 Multiple dependent claim, if not paid					7 CFR § 1.129(a))		
1204 86 2204 43 ** Reissue independent claims over original patent	1810	770	2810	ex	or each additional invention to be amined (37 CFR § 1.129(b))		
1205 18 2205 9 ** Reissue claims in excess of 20	1801	770	2801		equest for Continued Examination (RCE)		
and over original patent SUBTOTAL (2) \$ 0.00	1802	900	1802		equest for expedited examination a design application		
	Other	fee (spe	l ecify)	-	- 1,		
**or number previously paid, if greater; For Reissues, see above.				ing Fee Pa	id SUBTOTAL (3) (\$)	55.00	
	1					33.00	

SUBMITTED BY			Complete (if applicable)					
Name (Print/Type)	Paula A. Borden	Registration No.	42,344	Telephone	(650) 833-7710			
Signature	Sau			Date	11/03/2003			

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